

EXHIBIT 13

Amended
11/30/05 177

PLEASE TYPE OR PRINT CLEARLY USING A DARK BALL POINT PEN (pen or typewriter)

No Skin USA - 75 West Center - Provo Utah 84601

PERSONAL INFORMATION

Applicant #1 Name (Last, First, Middle Initial) FRENCH CALVIN A.

Applicant #2 of Spouse Name (Last, First, Middle Initial) RAAB EARNEST L.

Applicant #1 Social Security Number [REDACTED]

Primary Language Preference ☒ English ☐ Chinese ☐ Japanese ☐ Spanish

Primary Division of Interest (check one) ☐ No Skin (Personal Care) ☒ Pharmaceutical (Nutrition) ☐ Big Name (Technology)

Mailing Address 7116 Canyon Ferry Rd. Helena MT 59602

Shipping Address SAME

Daytime Phone 406-475-3462 Mobile Phone 509-995-1550

E-mail Address ERAAB1@COMCAST.NET Date of Birth 6-4-46

Sponsor's Name (Last, First, Middle Initial) Burnett George

Sponsor's ID Number US9477429 Sponsor's Phone Number 801-472-6556

Optimal VacuVet Name (Last, First, Middle Initial) SAME AS ABOVE

COMPLETE IF CORPORATION, PARTNERSHIP, OR OTHER INDIVIDUAL

Name of Business Entity N/A

Primary Partner [REDACTED]

Federal Tax ID Number [REDACTED]

NOTE: My signature indicates that, in order to become an Independent Distributor of the Company's products and services, I have read and agree to the terms and conditions set forth in the following documents which comprise the Company's Distributor Agreement: the Sales Compensation Plan, the Policies and Procedures; and, if applicable, the Partnership/Corporation form; supplemental services, and division specific program agreements. All signatures to this Distributor Agreement must be signed personally. Applicants must be of legal age in their state of residence. I ALSO UNDERSTAND THAT THE ONLY FINANCIAL REQUIREMENT TO BECOME A DISTRIBUTOR IS THE PURCHASE OF A \$25, plus sales tax, NOT-FOR-PROFIT DISTRIBUTOR STARTER KIT, which contains sales and demonstration materials and information produced by the Company. I understand that the required Distributor Starter Kit does not contain any products and that any products or services purchased in connection with becoming a Distributor are optional. I understand that any available technical services, division specific programs are also optional.

Applicant #1 or Principal Partner Signature Calvin A. French Date 1-11-05

Applicant #2 or Spouse Signature [Signature] Date 1-11-05

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